

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**

☐ **BLYTHE** 265 N. Broadway, Blythe, CA 92225  
☐ **HEMET** 880 N. State St., Hemet, CA 92543

☐ **INDIO** 46-200 Oasis St., Indio, CA 92201  
☐ **RIVERSIDE** 4175 Main St., Riverside, CA 92501

**RI-FL306**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)   <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> <div>E-MAIL ADDRESS (Optional):</div> <div>ATTORNEY FOR (Name):</div>		FOR COURT USE ONLY          
PETITIONER:		CASE NUMBER:
RESPONDENT:		
Hearing Date:	Time:	Department:
<input type="checkbox"/> <b>REQUEST</b> <input type="checkbox"/> <b>STIPULATION AND ORDER FOR CONTINUANCE OF HEARING</b>		

*A separate form is required for each hearing for which a continuance is being requested.*

1. a. ☐ Name of person making the request: \_\_\_\_\_  
☐ Petitioner    ☐ Respondent    ☐ Other Claimant  
 b. ☐ This request is being made by way of stipulation (agreement) of the parties.
  
2. Type of hearing being continued:  
☐ Request for Order (or motion) that was filed on \_\_\_\_\_ and requested relief for:  

☐ Child Custody

☐ Visitation

☐ Child Support

☐ Spousal/Partner Support

☐ Attorney Fees

☐ Property/ Restraint Control

☐ Discovery

☐ Sanctions

☐ Other: \_\_\_\_\_  
☐ Case Status Conference    ☐ Mandatory Settlement Conference    ☐ Trial/Evidentiary Hearing
  
3. Number of times any party has applied for a continuance of the hearing: \_\_\_\_\_
  
4. ☐ I    ☐ have    ☐ have not contacted the opposing party(s) about this request.  
☐ The opposing party (s) indicated that they    ☐ do    ☐ do not object to this request.  
☐ It is unknown whether or not the opposing party objects to this request.
  
5. a. ☐ The Child Custody Recommending Counseling appointment scheduled for \_\_\_\_\_ at \_\_\_\_\_  
☐ a.m.    ☐ p.m. also needs to be continued.  
 b. ☐ I am requesting an advance Child Custody Recommending Counseling appointment prior to the hearing date. *(Riverside Cases Only – Part of Triage Pilot Program)*
  
6. Reason for Continuance:  
 \_\_\_\_\_  
 \_\_\_\_\_
  
7. ☐ The Request for Order (or motion)    ☐ does    ☐ does not include temporary emergency orders, an order to appear, an order to attend Child Custody Recommending Counseling, an order shortening time or other court orders of any kind which requires the court to reissue the order in accordance with California Rules of Court, rule 5.94.

PETITIONER:	CASE NUMBER:
RESPONDENT:	

8. I (we) understand and agree that:

- a. Every continuance requires a written request and a court order, including stipulations.
- b. The statutory continuance fee must be paid with each continuance request.
- c. Submission through the clerk is **not** an automatic grant of continuance.
- d. If a continuance is denied, the requesting party (or stipulated parties) will be notified by the clerk.
- e. If the continuance is granted, the requesting party must immediately notify all parties that the scheduled hearing date has changed and serve the request and order forthwith along with the original Request for Order (or motion) and supporting documents, if not previously served.

9. ☐ I (we) suggest the following alternative hearing dates if the continuance is granted: \_\_\_\_\_

I (we) declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF ☐ ATTORNEY FOR PETITIONER ☐ PETITIONER)

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF ☐ ATTORNEY FOR RESPONDENT ☐ RESPONDENT)

### ORDER

The ☐ Request ☐ Stipulation for a Continuance of the hearing noted on page 1 is:

☐ GRANTED. Good cause having been shown the continuance is granted.

☐ DENIED. Good cause having **not** been shown the continuance is denied.

☐ OTHER ORDERS: \_\_\_\_\_

**IT IS SO ORDERED.**

Date: \_\_\_\_\_

\_\_\_\_\_  
(JUDICIAL OFFICER)

#### FOR COURT USE ONLY

- ☐ Hearing continued to \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m. in Department \_\_\_\_\_.

☐ Child Custody Recommending Counseling appointment set for/continued to \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m.

☐ Requesting Party ☐ All Parties (stipulation) were notified on \_\_\_\_\_ of the ☐ granting

☐ denial of continuance by ☐ telephone ☐ in person ☐ by mail ☐ in court.

☐ Continuance Fee paid. Clerk's Initials \_\_\_\_\_